

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital 3
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME James A Baker

3. (b) If veteran, name war. 3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day About 71 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business

12. Name unknown Baker

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Tillie Florczyk

(b) Address 1212 a N. 11th St.

17. (a) Burial (b) Date thereof 3/10/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 9 1943 (b) J. J. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 1221a N. 11 Th St.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Bilateral Lobar Pneumonia

Chronic Hypertrophic Myocarditis

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Thomas J. Callahan (M.D. or other)

Address Deputy Coroner Date signed 3-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.